

*Fee only*

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

5 Applicants: Min-Hsun Hsieh, Examiner: Wilson, Allan R  
Tzu-Feng Tseng,  
Wen-Huang Liu,  
Ting-Wei Yeh,  
Jen-Shui Wang

RECEIVED  
CENTRAL FAX CENTER  
OCT 22 2004

10 Filing Date: 07/14/2003 Art Unit: 2815  
Serial No.: 10/604,352 Docket No.: KYCP0009USA  
Confirmation No.: 1351 Customer No.: 27765

15 Title: Light Emitting Diode Having an Adhesive Layer and a Manufacturing  
Method Thereof

To: Commissioner for Patents  
P.O. BOX 1450  
Alexandria, VA 22313-1450

20

Subject: Response to the Office action mailed 06/23/2004

**INTRODUCTORY COMMENTS**

25 In response to the above-identified Office action, reconsideration of the  
above-identified application with regards to the remarks below is respectfully  
requested. The application is amended in an effort to overcome the rejections made  
by the examiner.

BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2004

Application or Docket Number

10/604352

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

5/18/04

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 22	Minus ** 22	=
Independent	* 2	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

10-22-04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 22	Minus ** 22	=
Independent	* 2	Minus *** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
  - \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
  - \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	\$375
X\$ 9=	
X43=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	\$750
X\$18=	
X86=	
+290=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	18
X43=	
+145=	
TOTAL ADDIT. FEE	18

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+290=	
TOTAL ADDIT. FEE	